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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 501 42842X00 First Inventor ASUMA, HIROAKI Title LIQUID CRYSTAL DISPLAY DEVICE Express Mail Label No.		PTO 10/25/92 07/24/03
(Only for new nonprovisional applications under 37 CFR 1.53(b))		ADDRESS TO: Assistant Commissioner for Patents, Box Patent Application Washington, DC 20231		
APPLICATION ELEMENTS				
SEE MPEP chapter 800 concerning utility patent application contents.				
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>				
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.				
3. <input checked="" type="checkbox"/> Specification [Total Pages: 36] <small>(Referenced arrangement set forth below)</small> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure				
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages: 11]				
5. Oath or Declaration [Total Pages: 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small>				
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76				
ACCOMPANYING APPLICATION PARTS				
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))				
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>				
11. <input type="checkbox"/> English Translation Document (if applicable)				
12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Citations Statement (IDS)/PTO-1449				
13. <input checked="" type="checkbox"/> Preliminary Amendment w/ Substitute Specification				
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>				
15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(If foreign priority is claimed)</small>				
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
17. <input checked="" type="checkbox"/> Other: Credit Card Payment Form, Figs. 1-17				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:				
Prior application information: Examiner: _____ Group Art Unit: _____ FOR CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The Incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 020457 or <input type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>				
Name ANTONELLI, TERRY, STOUT & KRAUS, LLP				
Address				
City _____ State _____ Zip _____ <small>Code</small>				
Country _____ Telephone (703) 312-6600 Fax (703) 312-6666				
Name Melvin Kraus Registration No. (Attorney/Agent) 22,466				
Signature Date July 24, 2003				

FEE TRANSMITTAL for FY 2003				Complete if Known	
Effective 01/01/2003. Patent fees are subject to annual revision.				Application Number	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	
				First Named Inventor	
TOTAL AMOUNT OF PAYMENT (\$ 790.00)				Examiner Name	
				Art Unit	
METHOD OF PAYMENT (check all that apply)				Attorney Docket No.	
				501.42842X00	
FEE CALCULATION (continued)					
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 01-2135 Deposit Account Name Antonelli, Terry, Stout & Kraus, LLP					
The Commissioner authorized to: (check all that apply) <input type="checkbox"/> Charge fees indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Fee Code	Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid	
1001	750	2001	375 Utility filing fee	750	
1002	330	2002	165 Design filing fee		
1003	520	2003	260 Plant filing fee		
1004	750	2004	375 Reissue filing fee		
1005	160	2005	80 Provisional filing fee		
SUBTOTAL (1)				750	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
			Fee from	Fee Paid	
			Extra Claims below		
Total Claims	20	-20** = 0	x 0.00	= 0.00	
Indep. Claims	2	-3** = 0	x 0.00	= 0.00	
Multiple Dependent			0.00	= 0.00	
SUBTOTAL (2)				\$ 0.00	
**or number previously paid, if greater; For Reissues, see above.					
Large Fee Code				Entity Fee Code	Small Entity Fee Code
1202 18				2202 9	Claims in excess of 20
1201 84				2201 42	Independent claims in excess of 3
1203 280				2203 140	Multiple dependent claim, if not paid
1204 84				2204 42	** Reissue independent claims over original patent
1205 18				2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (3)				\$ 40.00	
*Reduced by Basic Filing Fee Paid					
SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)		Registration No. (Attorney/Agent)		Telephone	703-312-8600
Signature		Date		07/24/2003	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.